



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

MEDME SERVICES CORPORATION

Respondent Name

TWIN CITY FIRE INSURANCE CO

MFDR Tracking Number

M4-14-3469-01

Carrier's Austin Representative

Box Number 47

MFDR Date Received

APRIL 14, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The disputed fees should be paid because these lead wires are used to connect the electrode to the TENS unit and the electrode is placed on the patient. These wires are delicate and many times the patient will pull the wire to disconnect instead of pulling the nodule. In so doing the wires will become loose, bared or broken. If any of these circumstances occur they become unsafe to the patient's use. Therefore we supply the patient with a monthly set of lead wires for the patient's continued safety and benefit from the use of the TENS."

Amount in Dispute: \$461.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Texas Mutual maintains its position no additional payment is due for the TENS leads."

Response Submitted by: Texas Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 5, 2013 September 5, 2013 October 7, 2013 November 7, 2013 December 9, 2013 January 9, 2014 February 10, 2014 March 19, 2014	HCPCS Code A4557NU Lead Wires	\$57.70/ea	\$458.70
TOTAL		\$461.60	\$458.70

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §137.100, effective January 18, 2007, sets out the use of the treatment guidelines.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - CAC-W1-Workers compensation state fee schedule adjustment.
 - 892-Denied in accordance with DWC rules and/or medical fee guideline including current CPT code descriptions/instructions.
 - B70, CAC-W3, 350-In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
 - CAC-193-Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
 - 724-No additional payment after a reconsideration of services.

Issues

Is the requestor entitled to reimbursement per fee guideline?

Findings

According to the explanation of benefits, the respondent denied reimbursement for HCPCS code A4557 based upon the fee guideline.

HCPCS code A4557 is defined as "Lead wires (e.g., apnea monitor), per pair."

28 Texas Administrative Code §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 Texas Administrative Code §134.203(d)(1) states "The MAR for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L shall be determined as follows:

- (1) 125 percent of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule."

HCPCS code A4557 has a fee of \$22.85 for 2013 and \$23.08 for 2014 listed in DMEPOS fee schedule; therefore, per 28 Texas Administrative Code §134.203(d)(1), $\$22.85 \times 125\% = \$28.56 \times 2 = \$57.12 \times 5 \text{ dates} = \285.60 , and $\$23.08 \times 125\% = \$28.85 \times 2 = \$57.70 \times 3 \text{ dates} = \173.10 , for a total reimbursement due of \$458.70.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$458.70.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$458.70 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	06/10/2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.